

Santa Clara County Public Health Laboratory

Brandon Bonin, DrPH, HCLD (ABB), Director

CLIA No: 05D0643967



Public Health Laboratory Number

FUNGUS CULTURE FOR IDENTIFICATION

Patient's name (last, first)	Age	Sex	Description of Specimen
Address			
Physician's name	<input type="checkbox"/> Case <input type="checkbox"/> Diagnostic specimen		Check source: <input type="checkbox"/> Human <input type="checkbox"/> Animal (species): _____ <input type="checkbox"/> Other (specify): _____
Clinical condition or suspected disease	Date of onset		Check box which describes the specimen from which the submitted culture was obtained: <input type="checkbox"/> Blood <input type="checkbox"/> Gastric <input type="checkbox"/> Sputum <input type="checkbox"/> CSF <input type="checkbox"/> Throat <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Skin Tissue (type): _____ Pus (source): _____ Exudate (source): _____ Wound (location): _____ Other (specify): _____ Submitter's identification of organism: _____
Return report to:			
Name	⌈	⌋	
Address	L	J	
Brief case history, therapy, outcome, recent travel			IMPORTANT: Enter your laboratory findings on reverse side.
(Continue on reverse if necessary.)			
Test requested			

DO NOT WRITE BELOW THIS LINE

Report of County Laboratory Investigation

Medium	Growth Rate		Pigment		Colony morphology on Sabouraud Medium Age: ____			Microscopic Characteristics	
	25-30°	37°	Surface	Reverse				Medium: _____	Age: _____
SC									
SCC									
BBHI					Ferm.		Assim.		
CM						Dextrose		Molecular testing result for: <input type="checkbox"/> <i>Coccidioides immitis</i> Method: <input type="checkbox"/> <i>Histoplasma capsulatum</i> <input type="checkbox"/> Accuprobe <input type="checkbox"/> <i>Blastomyces dermatitidis</i> <input type="checkbox"/> RTPCR <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> POSITIVE <input type="checkbox"/> Negative	
PDA						Galactose			
CMD						Lactose			
EMB						Sucrose			
CMT						Trehalose			
Urease						Raffinose		Other tests or comments:	
VB Agar						Melibiose			
Hair Penetration						Cellobiose			
Thiamine						Inositol		Organism identified as:	
						Xylose			
Loeffler						Dulcitol			
Gelatin						KNO3			

SC = Sabouraud dextrose agar + chloramphenicol SCC = Sabouraud dextrose agar + chloramphenicol + cycloheximide BBHI = Brain heart fusion agar + blood PDA = Potato dextrose agar	CM = Cornmeal agar CMD = Cornmeal dextrose agar CMT = Cornmeal tween agar V8 = Vegetable juice agar	Date received
		Date reported

Santa Clara County Public Health Laboratory

Patricia Dadone, Director | CLIA No: 05D0643967

Submitter's Laboratory Findings

Cultures made from original specimen were: Pure Mixed

If mixed, list other organisms present: _____

How many colonies of this organism on primary isolation? 1-10 10-25 25-50 Over 50

How frequently has this organism been recovered? Once only 2-5 times Over 5 times

Was the submitted organism seen in stained smears made directly from clinical material? Yes No

Medium on which organism is being submitted: _____

Date inoculated: _____

Conditions of incubation prior to mailing: _____ Temperature: _____

Atmosphere: _____

Indicate the results of your laboratory examinations of the pure culture being submitted:

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CMD						Lactose			
						Maltose			
EMB						Sucrose			
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